

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048678

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 200 Primary Registration District No. 2041 Registrar's No. 189

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED DEC 20 1963

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon		c. CITY OR TOWN Callao	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Samaritan Hospital		d. STREET ADDRESS	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) EFFIE PERKINS			4. DATE OF DEATH Month Dec. Day 19 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/2/1878	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Lagonda, Missouri	
13a. FATHER'S NAME Isaiah Mulinix		13b. MOTHER'S MAIDEN NAME Alice Umbarger		14. NAME OF HUSBAND OR WIFE Melvin Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Callao, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure (Decompensated Cor Pulmonale)		INTERVAL BETWEEN ONSET AND DEATH 5 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sub acute multiple embolic pulmonary infarctions		6 day
DUE TO (c) Phlebothrombosis of right lower extremity due fracture of right femur		6 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, hypertensive heart disease		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell in home	
20c. TIME OF INJURY Hour a.m. p.m. 12-13-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home		20f. CITY, TOWN, OR LOCATION Callao	COUNTY Macon STATE Mo.
21. I attended the deceased from June 1963 to Dec. 19, 1963 and last saw <u>her</u> alive on 12-19-63 Death occurred at 10:05 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Bevier, Mo.	22c. DATE SIGNED 12-20-63
23a. BURIAL, CREMATION, REMOVAL (Specify). Burial	23b. DATE 12/21/1963	23c. NAME OF CEMETERY OR CREMATORY Rice	23d. LOCATION (City, town, or county) (State) Lagonda Mo.
24. FUNERAL DIRECTOR Edwards Funeral Home		25. DATE RECD. BY LOCAL REG. 12/20/63	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Philip E. Bram

Licensed Embalmer No. 5182

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.